



CERTIFICATE OF MEDICAL NECESSITY

The MO HealthNet Division requires that this form be submitted for each procedure requiring documentation of medical necessity and should accompany claims for reimbursement of certain procedures, services or circumstances. The medical reason why the item, service, or supplies were needed must be stated fully and clearly on this form. The form must be related to the particular patient involved and must detail the risk to the patient if the service(s) had not been provided.

This form must be submitted with the claim via eMOMED unless the request is for Durable Medical Equipment (DME).

Submission of this form for DME should **not** be submitted with the claim, but instead should be submitted separately via eMOMED or mailed to: Wipro Infocrossing, PO Box 5900, Jefferson City MO 65102.

Participant Information	
Participant's Name	MO HealthNet Identification Number

Item/Service Information							
Procedure Codes (Maximum 6)	Mod 1	Mod 2	Mod 3	Mod 4	Description of Item/Service	Reason for Item/Service	Months Needed (DME Only)

Attending/Prescribing Physician Information	
Attending/Prescribing Physician Name	Attending/Prescribing NPI
Attending/Prescribing Physician Signature	Date Signed

Diagnosis/Prognosis	
Date Prescribed	Diagnosis
Prognosis	

Provider Information			
Provider Name		Provider NPI	
Provider Street Address	City	State	Zip
Provider Signature			Date